

# COVA Care

## Notification of Correction to Your Member Handbook Effective July 1, 2003

### 1) When you are covered by more than one health plan – Page 46

The final paragraph on page 46 of your COVA Care Member Handbook describes how the amount payable for secondary coverage under Coordination of Benefits (COB) is calculated. The text below clarifies this process and replaces the final paragraph as follows:

When *your health plan* (COVA Care) is the primary coverage, it pays first. When *your health plan* is the secondary coverage, it pays second as follows:

- We calculate the amount *your health plan* would have paid if it had been the primary coverage, and coordinate this amount with the primary plan's payment. The combination of the two will not exceed the amount *your health plan* would have paid if it had been your primary coverage.
- Some plans provide services rather than making a payment (i.e., a group model HMO). When such a plan is the primary coverage, *your health plan* will assign a reasonable cash value for the services and that will be considered the primary plan's payment. *Your health plan* will then coordinate with the primary plan based on that value.
- In no event will *your health plan* pay more in benefits as secondary coverage than it would have paid as primary coverage.

#### Example: Specialist Office Visit

The primary health plan (ABC Health Care Plan) has a \$50 copayment and then pays the remainder of the bill. The secondary health plan (*your health plan*) has a \$35 copayment.

Amount Billed	\$100
What <i>your health plan</i> would have paid if primary (\$100 - \$35 copayment = \$65)	\$ 65
Primary plan's payment (\$100 - \$50 copayment = \$50)	\$ 50
<i>Your health plan's</i> secondary payment (\$65 - \$50 = \$15)	\$ 15